

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:
03-13

2. STATE:
Minnesota

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
April 1, 2003

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION
42 CFR §440.110(c)

7. FEDERAL BUDGET IMPACT:
a. FFY '03 \$0
b. FFY '04 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Att. 3.1-A, pp. 44-44c
Att. 3.1-B, pp. 43-43c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (*If Applicable*):
Att. 3.1-A, pp. 44-44f
Att. 3.1-B, pp. 43-43f

10. SUBJECT OF AMENDMENT:

Speech and language therapy services (provided by or under the supervision of a speech pathologist)

11. GOVERNOR'S REVIEW (*Check One*):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

// Mary B. Kennedy - signature //

16. RETURN TO:

Stephanie Schwartz
Federal Relations Unit
Minnesota Department of Human Services
444 Lafayette Road No.
St. Paul, MN 55155-3852

13. TYPED NAME:

Mary B. Kennedy

14. TITLE:

Medicaid Director

15. DATE SUBMITTED: June 27, 2003

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

June 27, 2003

18. DATE APPROVED:

9/10/03

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

April 1, 2003

20. SIGNATURE OF REGIONAL OFFICIAL:

Cheryl A. Harris

21. TYPED NAME:

Cheryl A. Harris

22. TITLE: Associate Regional Administrator

Division of Medicaid and Children's Health

23. REMARKS:

RFCEIV

JUN 27 2003

DMCH - MI/MH...

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist).

Coverage of **speech and language therapy services** is limited to:

- (1) Services provided upon written referral by a physician or licensed practitioner of the healing arts within the scope of the practitioner's practice under state law, or, in the case of a resident of a long-term care facility, on the written order of a physician as required by 42 CFR §483.45.
- (2) Services provided by a speech language pathologist or a person completing the clinical fellowship year required for certification as a speech-language pathologist under the supervision of a speech-language pathologist.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary by the recipient's attending physician or other licensed practitioner of the healing arts at least once every 60 days. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or the physician's delegate as required by Medicare.
- (4) Services that are:
 - (A) Restorative therapy and are provided to a recipient whose functional status is expected by the physician or licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period; or
 - (B) Specialized maintenance therapy provided to a recipient whose condition cannot be maintained or treated only through

rehabilitative nursing services or services
of other care providers, or by the recipient
because the recipient's medical
condition(s) result in:

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (i) Decreased functional ability compared to the recipient's previous level of function;
- (ii) Decreased abilities relevant to the recipient's current environmental demands; or
- (iii) Health and safety risks for the recipient.

Specialized maintenance therapy must meet at least one of the following:

- (i) prevents deterioration and sustains function;
 - (ii) for a chronic or progressive medical condition, provides interventions that enable a recipient to live at his or her highest level of independence; or
 - (iii) provides treatment interventions for a recipient who is progressing but not at a rate comparable to the expectations of rehabilitative and therapeutic care.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.

Speech-language pathologist is defined as a person who has a certificate of clinical competence in speech-language pathologies from the American Speech-Language-Hearing Association and meets the state licensure and registration requirements for the services the person provides.

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **speech-language therapy services** does not include:

- (1) Services that are not documented in the recipient's health care record.
- (2) Services by more than one provider of the same type for the same diagnosis unless the service is provided by a school district as specified in the recipient's individualized education plan.
- (3) ~~Except in the case of independently enrolled providers, services~~ Services that are furnished by a provider eligible to enroll with Medicare, but not enrolled with Medicare, or, in the case of dual eligibles, furnished by a provider who does not first bill Medicare.
- (4) Services that are provided without written referral.
- (5) Services not medically necessary.
- (6) Services that are not part of the recipient's plan of care.
- (7) Services provided in a nursing facility, ICF/MR or day training and habilitation services center if the cost of speech-language pathology has been included in the facility's per diem.
- (8) Services provided by a speech-language pathologist other than the pathologist billing for the service, or a person completing the clinical fellowship year under the supervision of the pathologist, unless the pathologist provided the service as an employee of a rehabilitation agency, long-term care facility, outpatient hospital, clinic, or physician; in which case, the agency, facility or physician must bill for the service.
- (9) Services provided by an independently enrolled speech language pathologist who does not maintain an office at his or her own expense.
- (10) Services provided to dual eligibles by an independently enrolled speech language pathologist.

Coverage of **hearing (audiology) therapy services** is limited to:

- (1) Services provided upon written referral by a physician or other licensed practitioner of the healing arts within the scope of the practitioner's practice under state law.

STATE: MINNESOTA
Effective: April 1, 2003
TN: 03-13
Approved: SEP 10 2003
Supersedes: 01-23

ATTACHMENT 3.1-A
Page 44c

11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

- (2) Services provided by an independently enrolled audiologist who maintains an office at their own expense or an audiologist who is employed by and providing audiology services in a hospital, rehabilitation agency, home health agency, or clinic.
- (3) Services specified in a plan of care that is reviewed and revised as medically necessary at least once every 60 days by the attending physician or other licensed practitioner of the healing arts. If the service is a Medicare covered service and the recipient is eligible for Medicare, the plan of care must be reviewed at the intervals required by Medicare and the recipient must be visited by the physician or physician's delegate as required by Medicare.
- (4) Restorative therapy provided to a recipient whose functional status is expected by the physician or other licensed practitioner of the healing arts to progress toward or achieve the objectives in the recipient's plan of care within a 60-day period.
- (5) For long term care recipients, services for which there is a statement in the clinical record every 30 days by the audiologist providing or supervising the services that the nature, scope, duration, and intensity of the services provided are appropriate to the medical condition of the recipient. This statement is not required for an initial evaluation.
- (6) Services provided in the independent audiologist's own office, recipient's home, nursing facility, ICF/MR, or day training and habilitation services site.

Audiologist is defined as an individual who has a certificate of clinical competence from the American Speech-Language-Hearing Association and meets the state licensure and registration requirements for the services

the person provides.

TN: 03-13
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11.c. Speech, language, and hearing therapy services (provided by or under the supervision of a speech pathologist or audiologist). (continued)

Coverage of **hearing (audiology) therapy services** does not include:

- (1) Services that are not documented in the recipient's clinical record, even if the services were authorized by a physician.
- (2) Training or consultation provided by an audiologist to an agency, facility, or other institution.
- (3) Services provided by an audiologist other than the audiologist billing for the services, or a person completing the clinical fellowship year under the supervision of the audiologist, unless the audiologist provided the services in a hospital, rehabilitation agency, home health agency, or clinic, or as an employee of a physician or long-term care facility; in which case the contracting or employing facility, agency, or person must bill for the services.

Hearing aid services: After a physician rules out medical and surgical contraindications, the physician refers the recipient for an audiologic evaluation. An audiologist or otolaryngologist provides audiologic testing, and if a hearing aid is indicated, prescribes a specific hearing aid offered under the hearing aid volume purchase contract or refers the recipient to a hearing aid services provider.

Payment is made to hearing aid services providers for hearing aids, dispensing fees, hearing aid repairs, accessories, ear molds when not provided with the hearing aid and batteries.

Coverage of **hearing aids** is limited to:

- (1) One monaural or one set of binaural hearing aids within a period of five years unless prior authorized. A hearing aid will not be replaced when the recipient

has received a replacement hearing aid twice within the five year period previous to the date of the request.

- (2) Non-contract hearing aids require prior authorization.